

COMPLETE THIS FORM IN PENCIL – DO NOT USE INK!!!!!!

Alabama A & M University Speech-Language-Hearing Clinic CLINICIAN SCHEDULE

Clinician: _____ Semester: _____ 200____ Semester of Graduation: _____
 Clinician's Phone: home _____ work _____ cell _____
 AAMU Email Address: _____ Need Audiology hrs this semester? _____

Please indicate class and work schedule as well as any other obligations you have that may make you unavailable for a client or externship. IF YOUR SCHEDULE CHANGES IN **ANY** WAY, NOTIFY THE DIRECTOR **IMMEDIATELY!!!!!!**

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00 – 8:30					
8:30 – 9:00					
9:00 – 9:30					
9:30 – 10:00					
10:00 – 10:30					
10:30 – 11:00					
11:00 – 11:30					
11:30 – 12:00					
12:00 – 12:30					
12:30 – 1:00					
1:00 – 1:30					
1:30 – 2:00					
2:00 – 2:30					
2:30 – 3:00					
3:00 – 3:30					
3:30 – 4:00					
4:00 – 4:30					
4:30 – 5:00					
5:00 – 5:30					
5:30 – 6:00					
6:00 – 9:00					

KEY: **Disorder:** Articulation (A) Language (L) Voice (V) Fluency (F) Dialect Reduction (DR) Dysphagia (D)
 Hearing Impaired (HI) Reading Disorders (R) Other (O)

Assistant: Name of clinical assistant assigned with you (***If you have been assigned an assistant to a client, it is your responsibility as the Senior Clinician to contact them with the client information (times, days, when to start, clinic) at the number provided under "Comments." You are also responsible for contacting them in case of a cancellation by you or your client(s).*)

C/A = Child (C) or Adult (A)

N/R = New client (N) or Returning client (R)

Sup: Supervisor's Initials

Clinic: **Council Training (CTB)** **West Campus Clinic (WCC)**

Client	Contact/Phone	Disorder(s)	Assistant	Asst. Phone	C/A	N/R	Sup	Clinic
	See attached							

COMMENTS: _____

